

Foster Family Home - Corrective Action Report

Provider ID: 4-120064

Home Name: Roman Queja, CNA

Review ID: 4-120064-9

58 East Kauai Street

Reviewer: Terri Van Houten

Kahului

HI 96732

Begin Date: 8/6/2020

Foster Family Home

Required Certificate

[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) - Unannounced annual home inspection for 3 bed CCFFH. Report issued during home inspection with written plan of correction due to CTA by 9/6/2020.

3 Person Staffing

3 Person Staffing Requirements

(3P) Staff

(3P)(b)(2) Staff Allowing the primary caregiver to be absent from the CCFFH for no more than twenty-eight hours in a calendar week, not exceed five hours per day; provided that the substitute caregiver is present in the CCFFH during the primary caregiver's absence. Where the primary caregiver is absent from the CCFFH in excess of the hours, the substitute caregiver is mandated to be a Certified Nurse Aide, per 321-483(b)(4)(C)(D) HRS.

Comment:

(3P)(b)(2) Staff - Sign in/Sign out record not be logged for PCG who works outside the home.

3 Person Fire Safety, Natural Disaster

3 Person Fire Safety

(3P) Fire

(3P)(b)(1) Fire shall be conducted monthly

(3P)(b)(2) Fire shall be held at different times of the day, evening, and night

(3P)(b)(3) Fire shall be held under varying conditions, e.g., eating, visiting, bath times, etc.

(3P)(b)(4) Fire shall include testing of smoke detectors

(3P)(b)(5) Fire shall be documented in a log with the date and time of each drill, the time it took to complete the evacuation, and names of participants

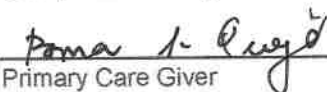
(3P)(b)(6) Fire shall include all SCGs at least once per year

Comment:

(3P)(b)(1) Fire, (3P)(b)(2) Fire, (3P)(b)(3) Fire, (3P)(b)(4) Fire, (3P)(b)(5) Fire, (3P)(b)(6) Fire - No documentation present for fire drills conducted since 8/2019



Compliance Manager



Primary Care Giver

8/6/2020

Date

8/6/20

Date

CTA RN Compliance Manager: Terri Van Houten

**Community Care Foster Family Home (CCFFH)
Written Corrective Action Plan (CAP)
Chapter 11-800**

PCG's Name on CCFFH Certificate: Roman Queja

(PLEASE PRINT)

CCFFH Address: 58 E Kauai Street Kahului Maui Hawaii 96732

(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
(3P)(b) (2) Staff	Lapse cannot be corrected	08/29/20	I will make sure that PCG and SCG will sign the time in and time out sheet and binder will be placed on the table for easier access and to prevent future problems.
(3P)(b) (1)	Lapse cannot be corrected	08/19/20	Binder will be placed on the table for easier access and to prevent future lapses.
(3P)(b) (2)	Lapse cannot be corrected	8/19/20	I will be doing this at different times of the day.
(3P)(b) (3)	Lapse cannot be corrected	8/19/20	We will be performing fire drill at varying conditions.
(3P)(b) (4)	Lapse cannot be corrected	8/19/20	Binder will also be placed on the for easier access and to prevent future lapses.
(3P)(b) (5)	Lapsed cannot be corrected	8/19/20	I will document the date and time of each drill. Also, name of participants.
(3P)(b) (6)	Lapsed cannot be corrected	8/19/20	I will make sure to include SCG's on the fire drill at least once per year.



All items that were fixed are attached to this CAP

PCG's Signature: Roman Queja

Date: 08/19/20



CTA has reviewed all corrected items